

## Verifying Homelessness among Persons Released from Correctional Institutions in San Bernardino County

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The data collected from the 2013 San Bernardino County Homeless Count and Subpopulation Survey suggests a tangible link between incarceration and homelessness in the county. This report notes that 22% or 255 of the 1,182 men and women who were counted while living on the streets stated they were released from correctional institutions, such as a prison or jail, after serving a court-ordered sentence during the 12 months prior to the count. Of the adults who were counted, 832 were men and 202 or one of every four men (24.3%) was released from a correctional institution during the 12 months prior to the count. Two hundred and seventy-eight (278) were women and 51 or 18% were released from a correctional institution during the 12 months prior to the count.

*Nearly one out of four men and nearly one out of five women who were living on the streets were released from a correctional institution during the 12 months prior to the count.*

Other important findings include:

- 60% were chronically homeless which means that they were living on the streets one year or more and/or were homeless at least four times during the past three years and they had physical and mental disabling conditions;
- 21% had a spouse or partner living with them on the streets; and
- Five (5) single adults had a total of eight (8) children living with them on the streets and four (4) couples had seven (7) children living with them on the streets;
- 15% of the men were veterans; there was one (1) woman veteran;
- 45% (114) were counted in the City of San Bernardino and nearly two out of three (64%) when the cities Victorville (29) and Fontana (20) are added.

Contributing Circumstances to their state of homelessness likely include mental illness, substance abuse, physical disability, developmental disability, chronic health condition, HIV/AIDS, and domestic violence. Findings concerning contributing circumstances are as follows:

- 33% of adults stated that they had a mental health problem;
- 43% of adults stated that they had a drug or alcohol problem;
- 37% of adults stated that they had a physical disability;
- 22% of adults stated that they had a developmental disability;
- 37% of adults stated that they had a chronic health condition such as diabetes, heart trouble, high blood pressure, seizures, hepatitis, respiratory problems, epilepsy, tuberculosis, or arthritis;
- 3% of adults stated that they had been diagnosed with AIDS or had tested positive for HIV; and
- 27% of adults stated that they experienced domestic violence by a domestic or intimate partner.

## **Background Information**

The U.S. Department of Housing and Urban Development (HUD), asks local jurisdictional applicants to conduct a “one day point-in-time” homeless count every other year during the last 10 days of January as part of its requirements for local jurisdictions to continue to receive continuum of care funding for homeless persons. The County of San Bernardino is one of more than 400 jurisdictions that submit an annual application to HUD for continuum of care funding. For the last three (3) years, several agencies in the County have received more than \$21 million dollars as applicants.

The homeless count was conducted on the streets during the hours of 6 a.m. and 10 a.m. on January 24, 2013. The count was also conducted on the same day in shelters and transitional housing programs throughout the county. The data used in this report included only those persons who were counted on the streets and who reported that they were released from a correctional institution in the last 12 months prior to the count.<sup>1</sup>

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<sup>1</sup>Per HUD’s instructions, a person was considered homeless on the streets if he/she resided in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings.

A homeless count and subpopulation survey instrument was used to gather data by counters. The instrument also focused on gathering answers to determine the number of persons for each of the eight subpopulations required by HUD which include:

- Chronically Homeless Individuals;
- Chronically Homeless Families;
- Persons with HIV/AIDS;
- Persons with Chronic Substance Abuse;
- Persons with Severe Mental Illness;
- Unaccompanied Youth under Age 18;
- Veterans; and
- Victims of Domestic Violence.

Other subpopulation data was also collected for

- Persons with a Physical Disability;
- Persons with a Developmental Disability;
- Persons with Chronic Health Conditions;
- Seniors age 62+;
- Youth Ages 18 to 24.

As it has been noted previously, in addition to the categories noted above, subpopulation data for persons released from a correctional institution was also collected, which is the focus of this report. The survey asked the following question:

1. During the last 12 months, were you released from a correctional institution such as a jail or prison after serving a court-ordered sentence?

All of the data was inputted, cleaned, and analyzed and was used to complete the 2013 San Bernardino County Homeless Count and Subpopulation Survey which can be obtained at [www.urban-initiatives.org](http://www.urban-initiatives.org).

## **Next Steps**

This section outlines recommendations that should be taken to end homelessness among persons released from correctional institutions. These recommendations are included in the County of San Bernardino 10-Year Strategy to End Homelessness. These recommendations are based upon several evidence-based and best practices that have helped achieve

unprecedented decreases in the total number of homeless persons in the United States, including those released from correctional institutions across the country, since 2005.

Recommendations include:

### **1. Creating and implementing a Housing First and Rapid Re-housing Engagement Team (ET)**

Creating a Housing First Engagement Team involves establishing a new team of full-time dedicated outreach and engagement workers that would be augmented by existing workers whose duties also include housing first activities.<sup>2</sup> Special attention will be given to the most visible and hardest-to-reach individuals. Engagement with chronically homeless persons who have been recently released from correctional institutions will occur once appropriate housing resources have been identified such as shelter plus care certificates for persons with physical and/or mental disabilities, HUD Veterans Affairs Supportive Housing (VASH) Vouchers for veterans, and permanent supportive housing units. This approach moves beyond a traditional street “outreach,” that focuses on just going out onto the streets to find homeless persons to establish and build relationships with them so they can be referred and/or transported to social services. The ET will have access to pre-identified housing resources in order to help homeless persons obtain housing and receive social services to ensure that they maintain their housing.

Housing First has been recognized as an evidence-based and best practice by national researchers and policymakers based on years of research and implementation. The implementation of a Housing First Approach has helped jurisdictions across the country significantly reduce their homeless population. Implementation involves moving homeless persons from the streets and directly into housing and providing wrap-around services to ensure housing stability. This approach should be linked to the provision of permanent supportive housing which consists of both subsidized housing and appropriate supportive services. This is in contrast to a “housing readiness model” which emphasizes that a homeless individual or family must address other issues such as substance abuse and mental illness through case management prior to entering affordable permanent housing.

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<sup>2</sup> See various papers listed on [http://www.endhomelessness.org/pages/housing\\_first](http://www.endhomelessness.org/pages/housing_first) and <http://www.endhomelessness.org/pages/prevention-and-rapid-re-housing>.

Rapid Re-housing has also been recognized as an evidence-based and best practice by national researchers and policymakers based on years of research and implementation. The implementation of Rapid Re-housing has also helped jurisdictions across the country significantly reduce their homeless population. Rapid re-housing helps families and individuals who are not chronically homeless obtain permanent housing immediately and to stabilize as soon as possible. Such households have not been living on the streets for years with physical disabling conditions or serious mental illness, substance abuse disorders, and/or chronic physical illness. They have lived independently in permanent housing in the past and are in need of temporary assistance for several months instead of years. During this time families are able to become increasingly self-sufficient through public assistance and/or employment. They may also need long-term non-monetary assistance to prevent the loss of their housing such as free or low cost clothing, food, health care, household supplies, and transportation.

## **2. Increase the Number of Permanent Supportive Housing Units.**

Permanent Supportive Housing provides long-term affordable rental housing and a broad range of on-site and/or off-site wrap-around supportive services. The goal is to increase independent living skills of residents who pay no more than 30% of their monthly income for rent so that they are able to maintain their housing. Those persons without permanent disabling conditions may ultimately become self-sufficient while living in affordable housing and may eventually pay 100% of their rent, and may or may not need supportive services. Particular attention should be given to persons recently released from correctional institutions since realignment has resulted in thousands of prisoners being released or transferred to county jails.

Permanent supportive housing for ex-offenders should be based on evidence-based practices for homeless ex-offenders reentering communities that have resulted in better outcomes. These practices include the provision of housing with appropriate wrap-around services such as substance abuse counseling and treatment and life coping skills that help ex-offenders successfully transition into local communities. These practices also include a clear path to career development and/or employment and reunification with family members including children.

Better outcomes include reductions in recidivism and recurrence of homelessness. The chances of recidivism significantly lessen when offenders are reengaged with family members and in particular with their children. The chances of recidivism also significantly lessen when offenders develop

marketable skills that lead to on-going employment.<sup>3</sup> Employment also encourages offenders to take the initial steps to reunite with family members. The chances of offenders becoming homeless again also significantly lessen with on-going employment and efforts to foster relationships with family members after reunification.

### **3. Develop a zero tolerance policy for children living on the streets, in vehicles, and other places not meant for human habitation.**

A Rapid Re-housing Engagement Team (ET), with the support of various public and private partners, will put into action a zero tolerance policy for children living on the streets or a place not meant for human habitation such as vehicles, by implementing the Rapid Re-housing Approach described in recommendation 1. The goal of this approach should be to end the homelessness of any unsheltered family in San Bernardino County including those who have a parent(s) recently released from a correctional institution. As previously noted, creating a Rapid Re-housing Engagement Team involves establishing a new team of full-time dedicated outreach and engagement workers that would be augmented by existing workers whose duties also include outreach and engagement.

## **Conclusion**

The perceptible link between incarceration and homelessness in the county may grow stronger as the result of the recent U.S. Supreme Court decision requiring California to reduce its prison population by 33,000 inmates during the next few years, and as a result of the State of California cutting hundreds of millions of dollars from inmate rehabilitation programs during the past three years because of budgetary constraints. Also, a new California law designed to reduce the state's overcrowded prisons by focusing on early release of low-risk offenders who meet criteria for good behavior may have already increased the ranks of the homeless during the past couple of years. As a result, the need to implement the evidence-based and best practices noted above is of the essence in order to end homelessness in San Bernardino County.

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<sup>3</sup> See various papers listed on the following web site: [http://www.endhomelessness.org/pages/re\\_entry](http://www.endhomelessness.org/pages/re_entry).